MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

263-033521

PART	DO NOT WRITE		AMEN	DED	Ī		egistration District No	318 _{Prin}	nary Registrati	on District No.	<u>100</u>	3 Registrar's N	. 826 4	· ·	STATE FILE NU	MBER
VS 300 Rev. 4/59 County C	ON THIS STUB					- 1	PLACE OF DEATH	1963		-				eased lived.	If institution:	Residence before
December	VS 300	ြု		-	1			•								
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13a. FATHER'S NAME ADTAINER COMM B ADTAINER COMM ADTAINER COMM ADTAINER COMM 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IMPORMANT Address INTS. E. Alexander—821 Oakbrook Lam. INTERVAL BETWEE ONSE AND DEATH ONS	, 9	2										1		- 1		WHAI COUNIKI
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH (Enter only one cause per limited of service) Investable of service of the period of	 [5				116	LITED BYOK a. FATHER'S NAME	er	Keal	MOTHER'S MA	IDEN NAM			AME OF HUS	BAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH (Enter only one cause per limited of service) Investable of service of the period of		5					Abraham	Cohn	1	Unk	nown		Har	mah C	ohn	
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IMMEDIATE CAUSE (a) IMMEDIATE (CAUSE (a) IMMEDIA		ž		ı	ź		18. CAUSE OF DEATH	(Enter only one cause per DEATH WAS CAUSED BY	line	o, and (c)		- 0	•	1	, Z IN O	TERVAL BETWEEN NSET AND DEATH
which gave rise to above cause (a), stating the under-lying cause last. DUE TO (c)					JME			IMMEDIATE CAUSE (a	60	2000	<u> </u>	<u>Sellerr</u>	il olo	6180 C	acam	mon.
which gave rise to above cause (a), stating the under-lying cause last. DUE TO (c)	11 [Σ	1			٠.	•	9	÷				
Value State Part II. Other Significant Conditions Contributing to Death but not related to the terminal Part III. If deceased was female there a pregnancy in last 90 d Part III. If deceased was female there a pregnancy in last 90 d Part III. If deceased was female there a pregnancy in last 90 d Part III. If deceased was female there a pregnancy in last 90 d Part III. If deceased was female there a pregnancy in last 90 d Part III. If deceased was female there a pregnancy in last 90 d Part III. If deceased was female there a pregnancy in last 90 d Part III. If deceased was female there a pregnancy in last 90 d Part III. If deceased was female there a pregnancy in last 90 d Part III. If deceased was female there a pregnancy in last 90 d Part III. If deceased was female there a pregnancy in last 90 d Part III. If deceased was female there a pregnancy in last 90 d Part III. If deceased was female there a pregnancy in last 90 d Part III. If deceased was female there a pregnancy in last 90 d Part III. If deceased was female there a pregnancy in last 90 d Part III. If deceased was female there a pregnancy in last 90 d Part III. If deceased was female there a pregnancy in last 90 d Part III. If deceased was female there a pregnancy in last 90 d Part III. If deceased was female there a pregnancy in last 90 d Part III. If deceased was female there a pregnancy in last 90 d Part III. If deceased was female there a pregnancy in last 90 d Part III. If deceased was female there a pregnancy in last 90 d Part III. III. If deceased was female there a pregnancy in last 90 d Part III. III. III. III. III. III. III. I	12/2/	1 2	H	-	ĕ				o)							
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TO STATE 19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.) 19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.) 20c. TIME OF Hour Month, Day, Year INJURY OCCURRED p.m. p.m. 20d. INJURY.OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE COUNTY STATE COUNTY	1.4					ģ	PART II.	gisease cougition Binau	in PART I (a)	CONTRIBOTING			io inc recinion		there a pregna	ncy in last 90 day
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O S S	¥ \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	ļ				•	WHILE AT WORK	farm, 1	factory, street	office bldg.,	etc.)					
21. L'attended the decessed from	A S E	READ					21 Cattended the dec	eased from	64	to			ind last saw her	alive on		<u> </u>
Death occurred at m on the date stated above, and to the best of my knowledge, from the causes stated.	표 <u> </u>				1		-	-			_m on th	e date stated above	, and to the best	of my knowle	dge, from the c	auses stated.
21. 1 attended the deceased from. Death occurred at	# 1		1		ᇿ			· P · · · · · · · · · · · · · · · · · ·	Soft of Burg	ly .		22b. ADDRESS)-/)/	<u> </u>	22c. DATE SIGN
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States OF CENETERY	-	-	\dashv	+	- ₹	23	a. BURIAL, CREMATION,	23b. DATE			ERY OR CRE	EMATORY				
		Š			먎	В	emoval (appendix)	1 0/15/05		known					Maryla	<u>aa</u>
24. FUNERAL BIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE Herman Bindskopf. Inc. 5216 Delmar AUG 14 1963. Loan Awath. M. P.	-	E.								Jmc~					Litt	M.D.

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THE REPORT OF THE PROPERTY OF THE PARTY OF T

TATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is re	corded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision.	
Student	Signed John Kellevel
Signature of Student Embalmer	
	Licensed Embalmer No. 38 80
	P. O. Address At Lines Mile

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

THE IT BEST THANKS OF THE PROPERTY MAN WILL.